

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

2011 – 2012

(Please Complete Both Sides of Form)

| Part 1. ALL HOUSEHOLD MEMBERS | | | | |
|---|---|---|---|------------------------------|
| Names of <u>all</u> household members (First, Middle Initial, Last) | Name of school for each child/or indicate "NA" if child is not in school | Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form. | | Check if NO income |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Part 2. BENEFITS - if any member of your household receives MA SNAP, FDPIR or MA TANF CASH ASSISTANCE , provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, skip to part 3. NAME: _____ CASE NUMBER: _____ | | | | |
| Part 3. If any child you are applying for is HOMELESS, MIGRANT, OR A RUNAWAY check the appropriate box and call LPS Homeless Coordinator, 781-861-2490 x231 Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> | | | | |
| Part 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often. | | | | |
| 1. NAME (List only household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | |
| | Earnings From Work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security, SSI, VA benefits | All Other Income |
| <i>(Example) Jane Smith</i> | \$199.99/weekly | \$149.99/every other week | \$99.99/monthly | \$50.00/monthly |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| Part 5. Signature and last four digits of social security number (adult must sign) | | | | |
| An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i> | | | | |
| Sign Here: _____ Print Name: _____ Date: _____ | | | | |
| Address: _____ City: _____ State: _____ Zip: _____ | | | | |
| Phone Number: _____ Cell Number: _____ Email: _____ | | | | |
| Last four digits of Social Security Number: * * * - * * * - _____ <input type="checkbox"/> I do not have a Social Security Number | | | | |
| Part 6. Children's Ethnic And Racial Identities (Optional) | | | | |
| Choose one ethnicity: | | Choose one or more (regardless of ethnicity): | | |
| <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | | <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American | | |
| | | <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | |
| DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. | | | | |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 | | | | |
| Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ | | | | |
| Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Reason: _____ | | | | |
| Temporary: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Time Period: _____ (expires after ____ days) Date: _____ | | | | |
| Determining Official's Signature: _____ Date: _____ | | | | |
| Confirming Official's Signature: <u>NutriKids</u> Date: _____ | | | | |
| Verifying Official's Signature: _____ Date: _____ | | | | |

BE SURE TO COMPLETE INFORMATION SHARING AGREEMENT ON REVERSE SIDE

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

2011 – 2012

(Please Complete Both Sides of Form)

SHARING INFORMATION WITH OTHER PROGRAMS

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application (reverse side) may be shared with other programs for which your children may qualify. We must have your permission to share your information. Completing this form will not change whether your children get free or reduced price meals.

REQUIRED: Signature of Parent/Guardian: _____ Date: _____

REQUIRED: Printed Name: _____

REQUIRED: Address: _____
Street City/Zip (if not Lexington)

Sharing of Information

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any programs. **If you checked no, STOP HERE.** Your information will not be shared.

Check the box beside the program(s) you are authorizing Lexington Public Schools to share your Free and Reduced Lunch information with:

- Medicaid** - If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.
- Lexington Public Schools Financial Assistance Program:** This program offers fee reductions for the following: Full Day Kindergarten, Instrumental Music Lessons (Fees set through Director of Fine and Performing Arts), Lexington Public Schools Athletic Dept., Lexington Children's Place (Preschool – Reduced benefit), Transportation – for fee based bussing, Principal's office at my child(ren)'s School(s) for Field Trips or Other School Related Fees and College Board Testing (SATs, PSATs & AP Exams) and ACT Testing. **By checking this box, a Financial Assistance Application will be mailed to the address listed above.**
- Guidance Office** – The Guidance Staff can provide social and emotional support for your child if needed. The Guidance staff is not allowed to waive fees per School Committee Policy.

Check here if this disclosure applies for all students listed on the application on the reverse side. **If disclosure does not apply to all students listed on the application, list below only those students to which the above applies:**

Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, you may call the Business Office at 781-861-2563 x215

Return this form to Lexington Public Schools, Attn: Debbie Harvey, 146 Maple Street, Lexington, MA 02420

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

COMPLETE FREE AND REDUCED LUNCH APPLICATION ON REVERSE SIDE